

## Power of attorney for collecting degree certificates from Fulda University of Applied Sciences

I, the authorizing person

Surname, first names

Date and place of birth

Address

Matriculation number

hereby grant power of attorney to (information on authorized person)

Surname, first names

Date and place of birth

Address

Identification document

for collecting my degree documents from Fulda University of Applied Sciences.

Place, date

\_\_\_\_\_  
Signature authorizing person